

**APPLICATION FOR REGISTRATION:** ☐ **MEDICATION AIDE**  
(Check which category you are applying for) ☐ **MEDICATION AIDE- 40 HOUR**

(Please note that in order to change a name that is already on our system, we must have documentation of proof of name change.)

Name: \_\_\_\_\_

(Last) (First) (Middle) (Maiden) (Previously used names)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone (optional): (H)\_\_\_\_\_ (W)\_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

**Eligibility:**

Neb. Rev. Stat. §71-6726 requires you to list any and all felony and misdemeanor criminal conviction(s). Attach additional sheet of paper if necessary. Please note that failure to report conviction(s) is falsification of application and grounds for denial.

Date of Conviction(s)	County/State	Offense(s)
_____	_____	_____
_____	_____	_____

I, \_\_\_\_\_, attest that the information in this application is true  
(Print legal name)

and, that I am of good moral character.

Applicant Signature\_\_\_\_\_

Date \_\_\_\_\_

**A complete application includes:**

1. **Application for Registration containing the required information.**
2. **Fee of \$8.00 – non-refundable.**
3. **Documentation of Competency Assessment.**
4. **Documentation of 40 hour course completion or additional 20 hour course (only required for Medication Aide- 40 hour)**
5. **Application for Testing Registration (only required for Medication Aide- 40 hour)**
6. **Application and fee should be mailed to: Department of Health and Human Services, Regulation and Licensure**

**Credentialing Division**  
**PO Box 94986**  
**Lincoln, NE 68509-4986**